

STATE OF ALASKA
DEPARTMENT OF HEALTH & SOCIAL SERVICES
AMENDMENT TO GRANT AGREEMENT

PROGRAM NAME: Denali Commission Financial Assistance Award		Grant Number: 06-4-C-4897 Amendment Number: 1 State Fiscal Year: 2004	
Amended Service Description: This grant is amended to extend the Period of Performance to December 31, 2005 and to revise the project budget by line item transfers			
Approved Grant Project Budget Period: Beginning: November 28, 2003 Ending: December 31, 2005		Issue Date: Current Award: \$290,000 Amended Award: N/A	
2nd Year of Multi-year Duration Grant		No. of FTE Positions supported by this grant	
Name and Mailing Address of Grantee Heritage Place 232 Rockwell Avenue Soldotna, AK 99669		Facility/Project Location: Heritage Place 232 Rockwell Avenue Soldotna, AK 99669	
Phone Number: 907-262-2545 Fax Number:		Email Address:	

TOTAL APPROVED GRANT PROJECT BUDGET WITH AMENDMENT

Cost Category	THIS GRANT AWARD	All Other Grant Project Funding Sources					TOTAL PROJECT COST
		Match					
		Grant Income	Local Cash	Local In-Kind	Other	Other	
System Upgrades	160,000	0	0	0	0	0	\$160,000
Archetect	5,000	0	0	0	0	0	\$5,000
Construction/Repairs	80,000	0	0	640,000	0	0	\$720,000
Training	35,000	0	0	0	0	0	\$35,000
Contingency	10,000	0	0		0	0	\$10,000
	0	0	0	0	0	0	\$0
Total Direct Expense	290,000	0	0	640,000	0	0	\$930,000
Indirect Cost	0	0	0	0	0	0	\$0
TOTAL Costs	\$290,000	\$0	\$0	\$640,000	\$0	\$0	\$930,000

Agencies expending \$500,000 or more total federal financial assistance in a fiscal year, may be required to comply with the Federal Single Audit Act. This grant contains \$ 290,000 in federal funds, identified by CFDA number below.

I certify that I am authorized to negotiate, execute, and administer this agreement on behalf of the agency named above, and hereby consent to the terms and conditions of this agreement including all articles of this amended agreement and all appendices and attachments.

Name/Title of Authorized Grantee Representative:

Signature of Authorized Grantee Representative:

Date:

11/3/04

Name/Title of Authorized DHSS Representative:

Signature:

Date:

11/9/04

Summary of Funding (Dept. Use Only)

Program Name	Fund Source	Collo Code	Amount	CFDA#	(RDU/Component)	(Acct)
FAA 0101-DC-2003-114	FED	06-25-9-537	\$290,000	90.100		

STATE OF ALASKA
DEPARTMENT OF HEALTH & SOCIAL SERVICES
AMENDMENT TO GRANT AGREEMENT

Grant No. 06-4-C-4897

The Alaska Department of Health & Social Services (hereinafter termed the grantor) and Heritage Place, (hereinafter termed the grantee) hereby stipulate that:

The grant agreement for grant number 06-4-C-4897 is amended by the following conditions. All other conditions of the original grant agreement remain effective for the term of the agreement.

Addressed below are the requested changes/revisions to grant # 06-4-C-4897

Period of Performance extension to December 31, 2005.

Transfer \$10,000 from completed carpet/linoleum upgrade and repair project to Systems Upgrade line item for continued additional programing and hardware, software support

Information referred to in the above specifics can be found on page 18 of the original Grant Agreement.



October 12, 2004

Mike Frawley, Grant Administrator
Dept. of Health and Social Services
Div. of Administrative Services
P.O. Box 110650
Juneau, Ak. 99811-0650

Re: Denali Commission Grant Funds
Grant #06-4-C-4897

Dear Mike:

I am enclosing the reports you requested in your e-mails. These include:

Quarterly Project Narrative
Financial Report
Quarterly Project Financial Report

Additionally I am submitted a revised Project Allocation budget and a revised Timeline. I would like to summarize the changes. I would like re request amendments to the budget to reduce clinical software by \$5,000, increase Pyxis project by \$10,000, reduce carpet by \$10,000 and add a 5th project which is upgrade of our telephone switch for \$5,000. The total remains unchanged. With the timeline update it is necessary to extend the period of performance until 12/31/05. As I have outlined in the reports, several of the projects have struggled due to computer interface and development issues.

If you have any questions, don't hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Dennis Murray", is written over the typed name.

Dennis Murray, Administrator

Encl. Quarterly Reports

Amended budget and Timeline

cc.. Joshua Jensen, HP Finance